



ÖZGÜN ARAŞTIRMA / ORIGINAL ARTICLE



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A Study to Determine the Level of Distrust in the Healthcare System Among Students of the Faculty of Health Sciences

Sağlık Bilimleri Fakültesi Öğrencilerinin Sağlık Sistemine Güvensizlik Düzeylerinin Belirlenmesine Yönelik Bir Araştırma

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Abstract

Aim: This research was designed to conclude the distrust levels in the health system among students of the health science faculty.

Method: This descriptive study was conducted at a foundation university in Istanbul. The population of the research consisted of students studying in various departments of the Faculty of Health Sciences between 15 May and 15 June 2024; the data collection process was completed with 419 students who voluntarily agreed to participate. Information were gathered through a private information sheet and the Health System Distrust Spectrum, and analyzed using percentage, constancy, mathematically, separate specimens t-test, particular ANOVA, and Bonferroni tests.

Findings: According to the research findings, it was concluded that the distrust level in the health system among health science faculty students is at a medium level ($\bar{x}=2.98$). Additionally, while students in the health management department expressed greater commitment in the health system in contrast with students from other departments ($\bar{x}=2.75$), the greatest level of distrust in the health system was observed among nursing students ($\bar{x}=3.19$).

Conclusion: Upon examining the research results, it was found that the average rank of distrust in the health system among participants is at a medium level. Given that these students will become integral parts of the health system upon graduation and will play significant roles in the development of health policies, it is possible the medium rank of distrust in the health system can lead to hazardous outcomes concerning the health systems in which they will be stakeholders; thus, it can be regarded as one of the important problems that needs to be directed.

Keywords

Trust, distrust, health, distrust in the health system, university students

Öz

Amaç: Bu çalışma sağlık bilimleri fakültesi öğrencilerinin sağlık sistemine güvensizlik düzeylerinin ortaya koymak amacıyla planlanmıştır.

Yöntem: Tanımlayıcı türde yapılan araştırma İstanbul ilinde bir vakıf üniversitesinde yürütülmüştür. Araştırmanın evrenini 15 Mayıs 2024- 15 Haziran 2024 tarihlerinde bir vakıf üniversitesinin sağlık bilimleri fakültesinde öğrenim görmekte olan öğrenciler oluşturmuş; çalışmaya katılan gönüllü 419 öğrenci aracılığıyla veri toplama süreci sonuçlandırılmıştır. Veriler, kişisel veri formu ve Sağlık Sistemine Güvensizlik Ölçeği ile toplanmış ve yüzde, frekans, aritmetik ortalama, bağımsız örneklem t testi, tek yönlü varyans analizi ve bonferroni testleri aracılığıyla analiz edilmiştir.

Bulgular: Araştırma bulgularına göre sağlık bilimleri fakültesi öğrencilerinin sağlık sistemine güvensizlik düzeyinin orta seviyede ($\bar{x}=2,98$) olduğu belirlenmiştir. Ayrıca, sağlık yönetimi bölümü öğrencileri diğer bölüm öğrencileri ile kıyaslandığında sağlık sistemlerine daha fazla güven duyarken ($\bar{x}=2,75$), sağlık sistemine güvensizlik düzeyi en yüksek olan bölümün ise hemşirelik ($\bar{x}=3,19$) bölümü olduğu görülmüştür.

Sonuçlar: Araştırma sonuçları incelendiğinde, katılımcıların sağlık sistemine güvensizlik düzeyi ortalamasının orta düzeyde olduğu belirlenmiştir. Mezun olduklarında sağlık sisteminin bir parçası olacak ve sağlık politikaları geliştirilmesi sürecinde önemli aktörler haline gelecek sağlık bilimleri fakültesi öğrencilerinin sağlık sistemine güvensizlik düzeyleri ortalamasının orta düzeyde olmasının, paydaşı olarak yer alacakları sağlık sistemleri üzerinde olumsuz sonuçları olabileceği göz önünde bulundurulduğunda, sağlık sistemine güvensizlik konusu üzerinde durulması gereken önemli bir konu olarak nitelendirilebilir.

Anahtar Kelimeler

Güven, güvensizlik, sağlık, sağlık sistemine güvensizlik, üniversite öğrencileri

Introduction

Trust is a relational concept: it typically arises between people, individuals and organizations, people and events (Gilson, 2003). Definition of trust is the feeling that one's intentions and motives are as stated, that the person is sincere, and that they are not malevolent (Mellinger, 1956). According to another definition, trust refers to positive expectations regarding someone's behavior (Lewicki et al., 1998). The Turkish Language Association defines trust as "the feeling of believing and attaching without fear, hesitation and doubt; security, confidence" (TDK, 2024). Although trust has been described in various ways by various researchers, it is not possible to refer to a universally accepted common definition due to the richness of meanings the concept carries in everyday usage (Kramer, 1999; Harrison McKnight & Chervany, 2001). Despite being expressed as the absence of trust, viewing distrust solely as a lack of trust is seen as insufficient in explaining the concept (Hawley, 2014). Definition of distrust is having unpleasant anticipations regarding another's behavior, fearing harm from other's actions, and the desire to shield oneself from the effects of another's behavior³. Not trusting a person or organization is considered a rational response in certain contexts. Indeed, distrust can serve as a valuable tool against abuse while allowing individuals to protect themselves from manipulation (Lumineau, 2017). However, there are also several negative consequences of distrust. While trust facilitates transactions among interconnected actors and strengthens cooperation and coordination, distrust reverses these situations and harms the positive social climate within groups and organizations (Kramer, 1994). For this reason, trust and distrust are vital in all areas of life, especially in collaborative situations (Harrison McKnight & Chervany, 2001).

Trust is often considered a concept in the context of one-on-one relationships, but it is also discussed at the level of complex social systems where numerous transactions take place daily (Gilson, 2006). One such social system is healthcare systems. Trust holds vital importance in the relationship between healthcare professionals, who are the building blocks of the healthcare system, not only healthcare providers, but also patients have a ethical duty to be trustworthy (Dinç et al., 2013). When viewed from the perspective of healthcare systems, the concepts of trust and distrust emerge as significant issues that need to be addressed, given that their inherently relational nature often means that major challenges stem from relational problems (Gilson, 2003). The sensitivity experienced by individuals as a result of being patients gives trust a more powerful emotional and instinctive factor in medical environments, highlighting commitment as a noteworthy concept (Hall et al., 2001).

Healthcare systems encompass all organizations, individuals, and actions aimed primarily at improving health, preventing illness, providing treatment, and rehabilitating (WHO, 2024). In the healthcare system, trust is described as an intuitive sense of commitment and comfort that arises from the belief that a person (healthcare professionals) or organization (health institutions) will perform competently and responsibly while also taking their interests into

consideration (Gupta et al., 2014). According to another definition, trust for the healthcare system is the complete loyalty, integrity, and belief (value alignment) that the healthcare system will act in the individuals' interests, as well as perceptions regarding the capability and knowledge of the trusted party to perform as expected (technical competence) (Shea et al., 2008; Dean et al., 2017).

Health system's trust is a determinant in an individual's accession to medical care, usage of healthcare services, adherence to medication, care continuousness, possibly the patient's logged health condition (Ozawa & Sripad, 2013). Commitment to the health system is also connected to more desirable numbers of clinical visits, usage of antiretroviral cures, lesser emergency room necessity, and better health results (Whetten et al., 2006). Consequently, healthcare system's trust is the foundation for its performance, being crucial for delivering the healthcare services and in fostering interaction and alignment between providers and patients (Armstrong et al., 2008). In addition, understanding the factors affecting individuals trust in healthcare systems is essential for assisting the creation of appropriate policies in healthcare delivery (Rasiah et al., 2020).

Distrust in the health system encompasses an overall skepticism about health systems, including an individual's mistrust of their provider and feelings regarding the effectiveness of the services received (Hawkes, 2023). According to another definition, distrust for the health system is the confidence absence that individuals or society has in healthcare services, health professionals, and health institutions (Ağalday, 2023). Individuals' commitment to the health system is vital because distrust can manifest in a range of perspectives, from anti-vaccination movements to rejecting treatments for preventing infectious diseases, leading to problems at both individual and societal levels (Turhan et al., 2022). Studies have shown that distrust in the health system can hinder individuals from searching appropriate medical care, holding to medical advice, ensuring continuance of treatment (Whetten et al., 2006; Armstrong et al., 2006; Shea et al., 2008; Turhan et al., 2022). In addition, distrust can contribute to issues such as rising healthcare expenses, inefficient or low-rate care, and negative patient results, jeopardizing the sustainability of health systems (Piette et al., 2005; Armstrong et al., 2008; Gupta et al., 2014; Hawkes et al., 2023).

When examining the studies managed in the literature regarding distrust in the health system, only a few national studies on the subject have been found. Kızılkaya (2023) concluded from the data collected from 629 individuals that the average distrust level in the health system is at 30.40, indicating a moderate rate. In another study conducted by Üstünbaş (2023) with 450 participants, the distrust level in the health system was resulted to be $\bar{x}=2.91$, also indicating a moderate level. In a different study by Uslu (2023), data was collected from 408 health service users, revealing an average distrust level of $\bar{x}= 3.01$, which is above the moderate level, indicating that participants do not have any trust for the health system. In another research managed by Diğ̈er and Ardiç (2023) with 390 participants across Tokat, it was also determined that the health system's trust level is between low and moderate. Looking at the international literature, in a research managed by Armstrong et al. (2006) that took place in USA with 961 adults, it was concluded that the participants exhibited levels of distrust that are above average in their health systems. Similarly, in a study by Dean et al. (Dean et al., 2017) that observed the relationship between distrust in health systems and adherence to treatment recommendations, it was found that the level of distrust among participants was high, and patients with high levels of distrust had lower rates of initiating or completing treatment.

When examining the samples of previous studies, it has been observed that the general doubt in health systems is discussed primarily related to society, race, students, or patients (Armstrong et al., 2008; Duckett et al., 2016; Muslim et al., 2020; Göde & Kuşçu, 2022), yet there has been no specific focus on students of health sciences. Therefore, this research aims determining the distrust level in the health system among health sciences faculty students. The main purpose of selecting health sciences faculty students as the sample is due to the fact that these students will become part of the health systems upon graduation and will also act as stakeholders in the development of health policies. It is anticipated that health workers who do not trust the health system may have negative effects on the health systems.

Based on the review of the literature, the following research hypotheses were developed to examine potential differences in the level of distrust in the healthcare system according to sociodemographic and health-related variables:

- H1: The level of distrust in the healthcare system significantly differs according to participants' gender.
- H2: The level of distrust in the healthcare system significantly differs according to participants' marital status.
- H3: The level of distrust in the healthcare system significantly differs based on whether participants have a chronic illness.
- H4: The level of distrust in the healthcare system significantly differs according to participants' age groups. H5: The level of distrust in the healthcare system significantly differs according to the number of hospital visits in the past year.

H6: The level of distrust in the healthcare system significantly differs according to participants' family income level.

H7: The level of distrust in the healthcare system significantly differs according to participants' academic department.

Material and Methods

Aim and Type of the Study

The primary aim of this descriptive and cross-sectional research is determining distrust level in the healthcare system among health sciences faculty students. Another objective of the research is ascertaining whether the distrust in the health system scale varies according to the demographic characteristics of the students.

Participants and Sample of the Study

The research population consists of health sciences faculty students studying at a foundation university located in Istanbul between May 15, 2024, and June 15, 2024. During this period, there are 2982 actively enrolled students at the health sciences faculty of the foundation university in question. Statistically, a sample size of 341 was determined to be sufficient for to represent the main population (according to a 95% confidence interval) (<http://www.raosoft.com/samplesize.html>, Access Date: 25.09.2024). A convenience sampling method was preferred for sampling. The sample for the research consisted of 419 health sciences faculty students who were actively studying at the foundation university during the stated dates and voluntarily agreed to participate in the study.

Data Collection and Analysis

Data was collected from participants through a survey, they were informed about the questionnaire and the subject of the study. Volunteer participants were distributed survey forms and collected them again on the same day.

The data collection part of the research consists of two parts. The first part of the questionnaire includes 7 questions created based on the literature regarding socio-demographic characteristics. In the second part, to determine the level of distrust among health sciences faculty students in the health system, a 10-question, unidimensional, 5-point Likert-type scale called "Health System Distrust Scale," developed by Rose and colleagues (Rose et al., 2004) and validated and reliable in Turkish by Yeşildal et al. (2020), was utilized.

Scores obtained from the Health System Distrust Scale indicate that as the score approaches 5, health system distrust increases, while it decreases as it approaches 1. In the study conducted by Yeşildal and colleagues, the Cronbach's Alpha value of the scale was calculated as 0.789. In this research, the solidity analysis resulted in a Cronbach's Alpha value of 0.632 (Table 1). Accordingly, it can be said that the scale is reliable. Although the Cronbach's Alpha value found in this study ($\alpha = 0.632$) is lower than that reported by Yeşildal et al. ($\alpha = 0.789$), no items were removed from the original scale during analysis. This decision was made in order to maintain the integrity of the original scale and ensure comparability of results. The relatively lower internal consistency in this study may be attributed to contextual differences such as the characteristics of the study population, the setting, or the specific dynamics of health system trust in this sample. Future research may consider item-level analysis or potential cultural adaptations to enhance internal consistency.

Table 1. Cronbach's Alpha Value for the Health System Distrust Scale

	Cronbach's Alpha
Health System Distrust Scale	0.632

Skewness and Kurtosis indicate that the data distribution falls between "-1.5 and +1.5," demonstrating that the data does not deviate from normal distribution (Tabachnick and Fidell, 2013). The results of the normality test for the scale used in the study are presented in Table 2. As a result of this finding, it was decided to apply parametric analyses in the analyses to be performed in the study.

Table 2. Normality Test Data Analysis

	Ort.	Std	Skewness	Kurtosis
Health System Distrust Scale	2.98	0.535	0.080	0.635

Limitations of the Research

The fact that the research data was collected only from students studying at a health sciences faculty of a foundation university within a specific time frame restricts the generalizability of the research.

Ethical Aspect of the Research

Before proceeding to the data collection phase, permission was obtained from the Ethics Committee of Istanbul Gelişim University (2024-03). Permission for the use of the Health System Distrust Spectrum, which was employed as

a data collection tool, was acquired via email from the authors who conducted its Turkish validity and reliability. The health sciences faculty students participating in the research stated that they voluntarily agreed to participate before answering the questions.

Findings

The distribution of the socio-demographic features of the 419 participants in the research is presented in Table 3. Accordingly, it has been determined that the majority of the participants are women at 75.7%, aged between 18-21 at 52.3%, and single at 91.9%. Additionally, it was found that 92.8% of the participants do not have a chronic illness, 56.6% have visited the hospital 1-3 times in the past year, and 60.1% of their families have a monthly income that is equivalent to their expenses. Furthermore, looking at the distribution of the participants' fields of study, the highest number of participants is from the Health Management program at 12.6%, while the lowest number is from the Occupational Therapy program at 5.5%.

Table 3. Distribution of Participants' Socio-demographic Characteristics

Gender	N	%	Field of Study	N	%
Female	317	75.7	Nutrition and Dietetics	39	9.3
Male	102	39.6	Speech and Language Therapy	51	12.2
Age			Child Development	48	11.5
18-21	219	52.3	Occupational Therapy	23	5.5
22-25	166	39.6	Physiotherapy and Rehabilitation	44	10.5
26 and above	34	8.1	Nursing	51	12.2
Marital Status			Audiology	29	6.9
Single	385	9.9	Perfusion	44	10.5
Married	34	8.1	Health Management	53	12.6
Chronic Disease Status			Social Services	37	8.8
Has a Chronic Illness	30	7.2	Number of Hospital Visits in the Last Year		
No Chronic Illness	389	92.8	Never Visited	12.9	
Family's Monthly Income			1-3 times	56.6	
Income Less Than Expenses	59	14.1	4- 6 times	23.6	
Income Equal to Expenses	252	60.1	7 times and above	6.9	
Income More Than Expenses	108	25.8			
Total	419	100	Total	419	100

As can be seen from Table 4, the level of distrust among students in the Faculty of Health Sciences regarding the healthcare system is at a "neutral" level ($\bar{x}=2.98$). Based on the distribution of responses given by participants to the healthcare system distrust spectrum, it can be said that health sciences students have a moderate perception of distrust towards the healthcare system. When examining the means of the responses to questions on the healthcare system distrust scale, the highest average is for the statement "Many people die every day due to errors originating from the healthcare system," with a score of 3.34, while the second highest average is for the statement "If a mistake were made in my treatment process, the healthcare system would try to hide it from me," with an average of 3.27. The statement with the lowest average is "I believe medical experiments are being conducted on me without providing information," with an average of 2.28, while the second lowest average is for the statement "I think they are conducting tests that they did not inform me about when they took my blood," with a score of 2.4.

Table 4. Graphical Statistics for the Healthcare System Distrust Spectrum (n=419)

Distrust in Health System Scale	Answers										MIN	MAX	AVG	STD
	1		2		3		4		5					
	F	%	F	%	F	%	F	%	F	%				
S1	127	30.3	124	29.6	106	25.3	48	11.5	14	3.3	1	5	2.28	1.11
S2*	46	11	120	28.6	141	33.7	71	16.9	41	9.8	1	5	3,4	1.13
S3	23	5.5	58	13.8	138	32.9	153	36.5	47	11.2	1	5	3.34	1.03
S4	84	20.0	159	37.9	113	27.0	52	12.4	11	2.6	1	5	2.4	1.02
S5	31	7.4	67	16.0	135	32.2	129	30.8	57	13.6	1	5	3.27	1.11
S6	41	9.8	90	21.5	138	32.9	102	24.3	48	11.5	1	5	3.06	1.14
S7	35	8.4	86	20.5	140	33.4	117	27.9	41	9.8	1	5	3.1	1.1
S8*	17	4.1	53	12.6	157	37.5	137	32.7	55	13.1	1	5	2.62	1
S9*	11	2.6	73	17.4	194	46.3	96	22.9	45	10.7	1	5	2.78	0.94
S10	60	14.3	96	22.9	134	32.0	96	22.9	33	7.9	1	5	2.87	1.15
TOTAL											1	5	2.98	0.535

S1. I believe medical experiments are being conducted on me without my knowledge. S2. I think my medical records are being kept confidential. S3. Many people die every day due to errors in the healthcare system. S4. I suspect they conduct tests on my blood without informing me. S5. If a mistake were to be made in my treatment process, I believe the healthcare system would try to hide it from me. S6. I think people can access my medical records without my consent. S7. The healthcare system seems more concerned with keeping costs low than doing what is necessary for my health. S8. I believe I receive high-quality treatment services from healthcare institutions. S9. The healthcare system prioritizes my medical needs over all other considerations while treating my illness. S10. There are things hidden from me within some medications.

1: Strongly Disagree; 2: Disagree; 3: Neutral; 4: Agree; 5: Strongly Agree; MIN: Minimum; MAX: Maximum; AVG: Average; STD: Standard Deviation.

Looking at Table 5, the values related to participants' distrust levels in the health system according to gender, marital status, and chronic illness status did not show a statistically indicative distinction ($p>0.050$). Therefore, the alternative hypotheses H1, H2, and H3 were not supported.

Table 5. Difference analyses of levels of distrust in the health system concerning socio-demographic characteristics (findings of independent sample t-test)

Variables	Distrust in the Health System		
	Average	t	p
Gender	Female	2.96	-1.081
	Male	3.03	
Marital Status	Single	2.98	0.203
	Married	2.96	
Chronic Illness Status	Present	2.99	0.079
	Absent	2.98	

When looking at Table 6, no statistically indicative distinction is found in the distrust levels in the health system according to participants' age and family monthly income variables ($p>0.050$). However, a statistically indicative distinction was identified in the average levels of distrust in the health system according to the number of hospital visits in the last year ($p<0.001$). Participants who did not visit the hospital at all in the last year showed a lower average distrust in the health system ($\bar{x}=2.67$), while those who visited the hospital 7 times or more had a higher average distrust ($\bar{x}=3.06$). Based on these findings, the hypotheses H4 and H6 were not supported, whereas the hypothesis H5 was supported.

Table 6. Analysis of differences in distrust levels in the health system related to socio-demographic characteristics (findings of independent samples t-test)

Variables Average		Disconfidence in the Health System		
		F	p	
Age	18- 21	2.95	0.541	0.582
	22- 25	3.01		
	26 and above	3.00		
Number of Hospital Visits in the Last Year	No visits made	2.67	7.157	<0.001
	1-3 times	3.02		
	4-6 times	3.01		
	7 or more times	3.06		
Family's Monthly Income	Income less than expenses	3.02	0.462	0.631
	Income equal to expenses	2.96		
	Income greater than expenses	3.00		

When looking at Table 7, it is evident that the values related to the participants' level of distrust in the health system show a statistically significant difference based on the variable of their field of study ($p < 0.001$). Accordingly, the field with the lowest level of distrust in the health system is found to be health management ($\bar{x} = 2.75$), while the field with the highest level of distrust is nursing ($\bar{x} = 3.19$). Based on these results, the H7 hypothesis was supported.

Table 7. Analysis of differences in distrust levels in the health system related to socio-demographic characteristics (one-way ANOVA)

Variables Average		Sağlık Sistemine Güvensizlik		
		F	p	
Field of Study	Nutrition and Dietetics	2.76	2.9913	<0.001
	Speech and Language Therapy	3.09		
	Child Development	3.04		
	Occupational Therapy	2.88		
	Physiotherapy and Rehabilitation	3.05		
	Nursing	3.19		
	Perfusion	2.97		
	Health Management	2.75		
	Social Work	3.04		

Discussion

When examining the research findings, it has been found that the average distrust level among participants in the healthcare system is moderate ($\bar{x} = 2.98$). Considering the findings of studies in the literature, it can be said that the research findings support the literature (Kızılkaya, 2023; Üsütübaşı, 2023; Uslu, 2023; Diğer & Ardıç, 2023; Yeşildal et al. 2020).

Looking at the averages of the responses given by students to the scale questions, it was found that the statement with the highest average score of 3.34 points is "Many people die every day due to errors related to the healthcare system." In the article titled "Patient Safety" published by the World Health Organization (WHO) in 2023, it is stated that approximately 1 in 10 patients suffers harm due to the healthcare system, and over 3 million deaths occur each year due to errors arising from the healthcare system (Özer et al., 2023). Similarly, it is known that errors related to the healthcare system also occur in Türkiye (Çakmak et al., 2018). Considering this data, it can be said that errors in healthcare services may have played a significant role in individuals' distrust of their healthcare systems. Moreover, it is anticipated that the events that occurred in Türkiye in 2024, referred to as the "Newborn Gang" scandal, may have negative repercussions on the trust in the Turkish healthcare system and could influence the results of future studies.

Examining the averages of the responses given by students to the scale questions shows that the statement with the lowest average score is "I believe that medical experiments have been conducted on me without information,"

with an average of 2.28. Accordingly, it can be said that the belief that participants could be subjected to medical experiments has a low level of impact on their distrust of the healthcare system.

While there was no statistically indicative distinction ($p>0.05$) found between the participants' gender, marital status, chronic illness status, age, family monthly income variables, and their distrust levels in the health system, a indicative distinction was detected ($p<0.001$) between the number of hospital visits in the past year and the field of study of the participants. Accordingly, hypotheses H1, H2, H3, H4, and H6 were not supported, while H5 and H7 were supported. In a research managed by Armstrong et al. (2006), similar to our research, no statistically indicative distinction was found between gender and household income. In another research managed by Gupta et al. (2014), while a statistically indicative distinction was found between age and gender variables, no significant distinction was found between marital status and household income. In a study conducted by Kızılkaya (2023), a statistically indicative distinction was found between distrust in health systems and marital status and age variables, while no significant difference was found between gender and chronic illness. Thus, it can be concluded that the results of our study both support and do not support the literature.

When examining the number of hospital visits made by participants in the past year, those who did not visit the hospital at all in the last year showed lower distrust levels in the health system in contrast with those who visited 1-3 times, 4-6 times, and 7 or more times. This result can be interpreted as the students who are more exposed to the system have decreased trust levels in the health system, in other words, as the number of hospital visits increases, the distrust level in the health system also increases. Looking at the literature, some studies found no significant difference between the distrust level in the health system and the number of hospital visits (Diğer & Ardiç, 2023; Göde & Kuşçu, 2022; Kalender, 2024), while another study by Çankaya and Filiz (2024) found that those who answered "I have not gone to health institutions at all" in the last month felt more distrust compared to those who visited three or more times. Accordingly, it can be said that the result obtained in our study differs from the literature.

The values of health system distrust levels among students of the faculty of health sciences have shown statistically significant differences based on the departments studied. When examining the sources of this difference, it was concluded that the Department of Nutrition and Dietetics differs from the Departments of Speech and Language Therapy and Nursing, while the Department of Health Management differs from both the Speech and Language Therapy and Nursing Departments. Looking at the mean distrust levels of health system among students of the faculty of health sciences, it was found that the Department of Health Management has the lowest average distrust ($\bar{x}=2.75$). Accordingly, it can be said that students from the Department of Health Management have more trust in health systems compared to students from other departments. This may be attributed to the higher level of knowledge regarding health policies, healthcare regulations, and how health systems function, which students in health management gain from their education (SAYÇEP, 2017). The department with the greatest distrust level in the health system is the Nursing Department ($\bar{x}=3.19$). Due to the curricula of nursing departments, they have more practical training compared to other departments, and nursing students start their practical training at various healthcare institutions by the second half of their first year. The fact that nursing students frequently visit healthcare institutions for their professional training, as well as their individual needs, may have contributed to their greater exposure to the shortcomings of the health systems (HUÇEP, 2022). Looking at the relevant literature, a study conducted by Göde and Kuşçu (2022) on university students found no statistically indicative distinction between the level of distrust in the health system and the department of study. Therefore, it can be said that our findings differ from the literature. Because of the limited number of researches related to distrust in the health system, the results of our study could only be discussed to a limited extent.

Conclusion

As a result of this study, it has been determined that health sciences faculty students have a moderate level of distrust in the health system. Considering that these students will become part of the health system upon graduation and will play important roles in the development of health policies, their average distrust level in the health system being moderate could have negative consequences on the health systems in which they will be stakeholders. Therefore, distrust in the health system can be regarded as an important issue that needs to be addressed.

Based on the findings of this research, which identified that health sciences faculty students have a moderate trust level in the health system, the following recommendations can be made for future research:

- Research aimed at identifying the precursors of distrust in the health system,
- Research that can reveal the consequences of distrust in the health system,

- Research related to concepts that may be related with distrust in the health system,
- Research that can show the financial costs imposed by distrust in the health system.

Declarations

Ethics Approval: Ethical approval was obtained from the Ethics Committee of Istanbul Gelisim University (Decision No: 2024-03, Date: 29.02.2024).

Author Contributions: The authors contributed equally to this work.

Conceptualization: Karalınç¹, Oktay². **Design:** Karalınç¹, Oktay². **Data Collection or Processing:** , Oktay². **Analysis or Interpretation:** Karalınç¹, Oktay². **Literature Review:** Oktay². **Writing:** Oktay².

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Özet

Güven genellikle birebir ilişkiler bağlamında ele alınan bir kavramdır ancak söz konusu kavram günlük olarak çok sayıda işlemin yapıldığı karmaşık sosyal sistemler düzeyinde de tartışılmaktadır. Bu sosyal sistemlerden biri de sağlık sistemleridir. Güven ve güvensizlik kavramlarına sağlık sistemleri perspektifinden bakıldığında doğası gereği ilişkisel olan ve en büyük zorlukların ilişkisel problemlerden kaynaklandığı sağlık sistemlerinde, sağlık sistemine güven ve güvensizlik ele alınması gereken oldukça önemli konular olarak karşımıza çıkmaktadır. Sağlık sistemine güven, hastaların bir birey (sağlık çalışanları) veya kuruluşun (sağlık kuruluşları) yetkin ve sorumlu bir şekilde aynı zamanda çıkarlarını gözeterek performans göstereceğine olan inançtan kaynaklanan sezgisel güven ve rahatlık hissi olarak ifade edilmektedir. Sağlık sistemine güvensizlik ise bireylerin veya toplumun sağlık hizmetlerine, sağlık profesyonellerine ve sağlık kurumlarına duyduğu güven eksikliğidir. Yapılan çalışmalar, sağlık sistemine güvensizliğin bireylerin uygun tıbbi bakım aramasını, tıbbi tavsiyelere uymasını ve bakımın sürekliliğinin sağlanmasını engelleyebileceğini ortaya koymaktadır. Bununla birlikte güvensizlik aynı zamanda artan sağlık hizmetleri maliyetleri, etkisiz veya düşük kaliteli bakım ve olumsuz hasta sonuçları gibi sorunlara da katkıda bulunarak sağlık sistemlerinin sürdürülebilirliğini tehlikeye sokabilmektedir. Tanımlayıcı ve kesitsel tipte olan bu çalışmanın temel amacı sağlık bilimleri fakültesi öğrencilerinin sağlık sistemine güvensizlik düzeylerinin belirlenmesidir. Araştırmanın bir diğer amacı ise sağlık sistemine güvensizlik ölçeğinin öğrencilerin demografik özelliklerine göre farklılık gösterip göstermediğinin belirlenmesidir. Araştırma evreni 15 Mayıs 2024- 15 Haziran 2024 tarihlerinde, İstanbul ilinde yer alan bir vakıf üniversitesinde okuyan ve çalışmaya katılmayı gönüllü olarak kabul eden 401 sağlık bilimleri fakültesi öğrencisi oluşturmuştur. Örneklem yöntemi olarak kolayda örneklem yöntemi tercih edilmiştir.

Veriler katılımcılardan literatürden yola çıkılarak oluşturulan sosyo-demografik özelliklere yönelik 7 adet soru ve 10 soruluk, tek boyutlu ve 5'li likert tipinde bir ölçek olan "Sağlık Sistemine Güvensizlik Ölçeği" yardımıyla toplanmıştır. Toplanan veriler IBM SPSS23 ile analiz edilmiştir.

Araştırmanın sonucunda katılımcıların sağlık sistemine güvensizlik düzeyi ortalamasının orta düzeyde ($\bar{x}=2.98$) olduğu belirlenmiştir. Katılımcıların cinsiyet, medeni durum, kronik hastalık durumu, yaş ve ailenin aylık gelir değişkenleri ile sağlık sistemine güvensizlik düzeyleri arasında istatistiksel olarak anlamlı bir fark bulunmazken ($p>0.05$), katılımcıların son bir yılda hastaneye başvuru sayıları ile okudukları bölüm değişkenleri arasında anlamlı bir farklılık saptanmıştır ($p<0,001$).

Katılımcıların son bir yılda hastaneye başvuru sayıları incelendiğinde son bir yılda hiç hastaneye başvurmayanların, 1-3 kez, 4-6 kez ve 7 ve daha fazla kez hastaneye başvuranlara göre sağlık sistemine güvensizlik düzeyleri daha düşük bulunmuştur. Bu sonuç sisteme daha çok maruz kalan öğrencilerin sağlık sistemine güven düzeylerinin azaldığı, başka bir deyişle hastaneye başvuru sayısı arttıkça sağlık sistemine güvensizlik düzeyinin arttığı şeklinde yorumlanabilir.

Sağlık bilimleri fakültesi öğrencilerinin okudukları bölüm ile sağlık sistemine güvensizlik düzeyleri ortalamalarına bakıldığında en düşük güvensizlik ortalamasına sahip bölümün sağlık yönetimi bölümü olduğu saptanmıştır ($\bar{x}=2,75$). Bunun sebebi olarak ise sağlık yönetimi bölümü öğrencilerinin aldıkları eğitim sebebiyle sağlık politikalarına, sağlık ile ilgili yönetmeliklere ve sağlık sistemlerinin işleyişine yönelik bilgi düzeylerinin daha yüksek olduğu yorumu getirilebilir. Sağlık sistemine güvensizlik düzeyi en yüksek olan bölüm ise hemşirelik ($\bar{x}=3,19$) bölümüdür. Hemşirelik bölümü müfredatları gereği diğer bölümlere kıyasla daha fazla uygulamalı eğitime sahiptir ve hemşirelik bölümü öğrencileri birinci yıl ikinci yarıyı itibarıyla çeşitli sağlık kurumlarında uygulamaya çıkmaktadır. Sağlık kurumlarını bireysel gereksinimlerinin yanı sıra mesleki eğitimleri sebebiyle de çokça ziyaret eden hemşirelik bölümü öğrencilerinin sağlık sistemlerinin aksayan yönlerini daha fazla tecrübe ediyor olmaları söz konusu sonuca ulaşmada etkili olmuş olabileceği söylenebilir.

Bu araştırmanın sonucunda sağlık bilimleri fakültesi öğrencilerinin sağlık sistemine güvensizliklerinin orta düzeyde olduğu tespit edilmiştir. Mezun olduklarında sağlık sisteminin bir parçası olacak ve sağlık politikaları geliştirilmesi sürecinde önemli aktörler haline gelecek sağlık bilimleri fakültesi öğrencilerinin sağlık sistemine güvensizlik düzeyleri ortalamasının orta düzeyde olmasının, paydaşı olarak yer alacakları sağlık sistemleri üzerinde olumsuz sonuçları olabileceği göz önünde bulundurulduğunda, sağlık sistemine güvensizlik konusu üzerinde durulması gereken önemli bir konu olarak nitelendirilebilir.

Sađlık bilimleri fakóltesi öđrencilerinin sađlık sistemine güven düzeyinin orta seviyede olduđu saptanan bu çalıřmanın sonuçlarından hareketle gelecekte yapılacak olan çalıřmalara iliřkin, sađlık sistemine güvensizliđe sebep olan öncüllerin belirlenmesine yönelik arařtırmalar, sađlık sistemine güvensizliđin sonuçlarını ortaya koyabilecek nitelikte arařtırmalar, sađlık sistemine güvensizlik ile iliřkili olabilecek kavramlar ile ilgili arařtırmalar ve sađlık sistemine güvensizliđin sađlık sistemine yüklediđi maliyeti ortaya koyabilecek arařtırmalar yapılması önerilebilir.